Risk Management Department
Workers' Compensation & Leave Office
1307 N. Locust ● Denton, TX 76201
Tel 940.369.0030 ● Fax 940.369.4980
www.dentonisd.org

Return to Work / Medical Release

(*To be completed by the same Physician who certified your medical leave*)

Due in the Workers' Compensation & Leave Office at least one week before the employee returns to work.

Employee Name:_____Employee ID#:_____

Campus/Dept:_____Job Title:_____

Physician must complete the information and sign below.

The above named employee is released to return to work

- ❒ with
- ❒ without restrictions

on _____/_____/_____.
Month Day Year

If restrictions please list:_____

_____

_____

Physician's Signature:_____Date:_____

Physician's Name:_____Phone #:_____

Address:_____

_____

City:_____State:_____Zip:_____

Please return to Phyllis Klein, Denton ISD at fax 940-369-4980